



A preview for Californians

# Reasons people do not have health insurance:

- pre-existing conditions
- not offered by their employer
- unaffordable



# Affordable Care Act Coverage Improvements

- guaranteed coverage
- no annual limits, no denial for pre-existing conditions
- rates not based on health status
- requires large employers to offer coverage
- affordable coverage —
   public or private —
   required for individuals



Coverage improvements begin January 1, 2014



### Who is Eligible?

### Who is:

Legal California residents

### Who's not:

- Undocumented immigrants
- Currently incarcerated individuals





### **Who We Are**

Your destination for affordable health care



### Vision

- improve the health of all Californians
- access affordable care
- provide quality care

### Mission

- increase insured Californians
- improve health care quality
- lower costs
- reduce health disparities
- choice and value







### Operated by the State of California

- the first state health exchange formed under the Affordable Care Act
- established as California Health Benefit Exchange
  - one of 17 state-based marketplaces
- dot-com but state-run
- name-brand health insurance policies



# What We Offer

### Health Insurance That's Affordable

- premiums based on income
- copays that are not a deterrent to care
- zero deductible for many plans
- free preventive care
- lower out-of-pocket maximums



# What We Offer What We Offer

### The Covered California Marketplace

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Sacramento County	San Francisco County	Los Angeles County	San Diego County
Anthem	Anthem	Anthem	Anthem
Blue Shield	Blue Shield	Blue Shield	Blue Shield
Kaiser Permanente	Chinese Community	Health Net	Health Net
Western Health Advantage	Health Plan Health Net Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
		L.A. Care Health Plan	Molina Healthcare
		Molina Healthcare	Sharp Health Plan
Medi-Cal	Medi-Cal	Medi-Cal	Medi-Cal



### Making Care More Affordable

### **Premium**

2.6 million Californians eligible for subsidized care pay a percentage of their income; the federal government pays the balance.



### **Out-of-Pocket Cost**

Standardized benefits limit out-of-pocket costs based on sliding scale; most copays are not subject to deductibles.



### Affordable Care

True transparency on up-front and out-of-pocket costs.



Making Care More Affordable

**Premium Assistance** 

#### Eligibility is based on:

Number of	Annual Household Income		
People in Your Household	Medi-Cal	Premium Assistance	
1	\$0 - \$15,856	\$15,856 - \$45,960	
2	\$0 - \$21,404	\$21,404 - \$62,040	
3	\$0 - \$26,951	\$26,951 - \$78,120	
4	\$0 - \$32,499	\$32,499 - \$94,200	
5	\$0 - \$38,047	\$38,047 - \$110,280	





### **Health Insurance Plan Tier Levels**

### Metal tiers determine how much you pay as a patient, compared with what the plan pays.

<b>Metal Tiers</b>	Paid by Health Plan	<b>Paid by Consumer</b>
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%



### 2014 Sliding-scale Benefits | SINGLE

**SILVER PLAN** (Eligible for Premium Assistance)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 - \$45,960
Consumer Portion of Monthly Premium (Balance paid by federal subsidy)	\$19 – \$57	\$57 - \$121	\$121 – \$193	\$193 – \$364
Deductible	None	\$500	<b>\$1,500</b> Medical	<b>\$2,000</b> Medical
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Generic Medication Copay	\$3	\$5	\$19	\$19
Emergency Room Copay	\$25	\$75	\$250	\$250
Maximum Out-of-Pocket for Individual	\$2,250	\$2,250	\$5,200	\$6,350
Maximum Out-of-Pocket for Family	\$4,500	\$4,500	\$10,400	\$12,700

Copays are not subject to any deductible and count toward the annual out-of-pocket maximum. Blue corners indicate benefits that are subject to deductibles.



## Helping Consumers Enroll CoveredCA.com





### **Helping Consumers Enroll**

How to apply for a health insurance plan

One application for Covered California or Medi-Cal

www.CoveredCA.com

ONLINE









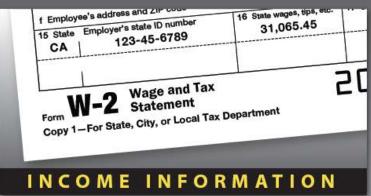
Local county human or social services office

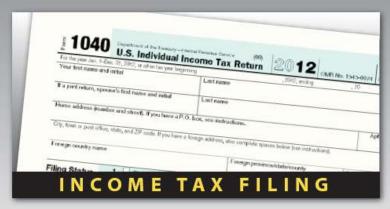
IN-PERSON



# Helping Consumers Enroll Information you will need to know









## Helping Consumers Enroll Enrollment Dates

### **Initial open enrollment**

- October 1, 2013 March 31, 2014
  - Special circumstance
     60 days within a certain life-changing event,
     such as a divorce or the birth of a child

### Subsequent enrollment

October – December each year

Medi-Cal applications accepted year-round



## Helping Consumers Enroll Service Center



### Representatives are available:

Before October 1	After October 1
Monday – Friday	Monday – Friday
8 a.m. – 6 p.m.	8 a.m. – 8 p.m.
	Saturday
	8 a.m. – 6 p.m.

Interpretation services are available for more than 300 languages.

### www.CoveredCA.com

(800) 300-1506













# health happens here

w/ all our sons & brothers

Why a Focus on Boys and Young Men of Color?



### Adverse Childhood Experiences Scale

#### **CA's ACE List**

- 1. Recurrent physical abuse
- 2. Recurrent emotional abuse
- 3. Contact sexual abuse
- 4. An alcohol and/or drug abuser in the household
- 5. An incarcerated household member
- 6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- 7. Violence between adults in the home
- 8. Parental separation or divorce
- 9. Emotional or physical neglect

#### **Resources**

http://acestudy.org/home

http://www.cavalcadeproductions.com/ace-study.html

http://wichildrenstrustfund.org/files/ WisconsinACEs.pdf



### **ACE Score Higher Than 4**

#### Score 4 or more

- Twice as likely to smoke
- Twice as likely to have heart disease
- Twice as likely to be diagnosed with cancer
- Four times as likely to have emphysema or chronic bronchitis
- Six times as likely to have sex before age 15
- Seven times as likely to be alcoholics

#### Score 4 or more compared to 0

Score 4 or more compared to 0

 Twelve times as likely to have attempted suicide

Men with a score of 6 or more compared to 0

 Forty-six times as likely to have injected drugs



### **Connect Youth to Health Supports**

Why it matters: Many young males will be newly eligible under ACA. However, approximately 1/3–364,000—of young males of color are projected to remain uninsured in California.

#### **Our work:**

- Aggressive outreach and enrollment efforts focused on males
- Develop health home models tailored to needs of young men
- Incorporate trauma informed practices within health care settings
- Support for health career pipeline programs aimed at youth
- Increase access for remaining uninsured



### **A Momentous Opportunity for California**

### Reinvestment in Public Education

\$18 billion over next seven years

#### **Obamacare**

\$30 billion for Medi-Cal over next seven years

















**Social Equity & Shared Prosperity** 







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